



FEE TRANSMITTAL for FY 2005 <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/686,923
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Filing Date	10/16/2003
TOTAL AMOUNT OF PAYMENT \$455.00		First Named Inventor	Richard D. Bushey
		Examiner Name	Mark A. Williams
		Art Unit	3676
		Attorney Docket No.	286.043

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: Boyle Fredrickson Newholm Stein & Gratz S.C. The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$0)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims: -20** = <input type="checkbox"/> X Fee from below = <input type="checkbox"/> Fee Paid = <input type="checkbox"/>					
Independent Claims: -3** = <input type="checkbox"/> X Fee from below = <input type="checkbox"/> Fee Paid = <input type="checkbox"/>					
Multiple Dependent					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$0)					
** or number previously paid, if greater; For Reissues, see above					
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		\$455	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Peter C. Stomma	Registration No. (Attorney/Agent)	36,020
Signature		Telephone	414.225.9755
		Date	9/15/05

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